

Town of Franklin
BOARD OF HEALTH
355 EAST CENTRAL STREET
FRANKLIN, MA 02038
508-520-4905

PERMIT # _____

FEE \$50.00

TEMPORARY FOOD VENDOR PERMIT

Host: Name and
Address _____

Food Vendor: _____

Date and Time of Event: _____

Contact Person / Certified Food Protection Manager: _____

Address: _____

Phone: _____

Specialty or specialties to be served: _____

Estimated number of meals to be served: _____

Please note as to whether you will be cooking the food (if applicable) ahead of time and transporting it cooked, or if you are bringing it uncooked and cooking it there: _____

Please explain how this food will be kept at the appropriate temperatures (41°F cold, 145°F hot) both during transport and at the event: (for both cooling and heating): _____

Explain sanitizers / disinfections used (i.e.: bleach, iodine, quat ammonia, etc.): _____

Are catering trucks clearly labeled? _____

How will food be kept at temperature and monitored during transport? _____

Signature Owner/Operator

Date